

Report to Portsmouth Events Safety Advisory Group

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Purpose - To outline the key findings from research on drug related harm at music festivals.

Background to report - This report explores the harms arising from drug use at music festivals and the interventions available that may mitigate these harms to assist the Safety Advisory Group (SAG) in its advisory role.

For the purposes of this report a music festival is defined as a large, fenced, ticketed event organised primarily for attendees to see musical artists.

A broad literature review was performed of documents related to drug use and harm reduction at music events; semi-structured interviews were performed with nineteen stakeholders involved in event planning, licensing, policing and the provision of medical, welfare and drug testing services; and time was spent observing welfare and drug testing services at two festivals.

General points -

- Data on the prevalence of drug use at festivals is limited but suggest that it can be widespread and normalised. Prevalence is associated with various factors but is not reliably predictable.
- The harm reduction paradigm identifies that despite advice on the harms of drug use, many people will continue to use drugs. It will never be safe to use drugs but there are measures that can be taken to mitigate some of the risks involved, and that we can improve health outcomes overall by adopting these measures.
- Measures recommended or adopted need to be proportional to the risk posed by events. PSAG should collectively consider the risk posed by any event, and this should be based on factors such as the size of the event, its duration, and the type of music or entertainment being offered, as well as its marketing (events marketed nationally or internationally will have a different risk profile).
- Because of the secretive nature of drug use there is not a strong evidence base guiding efforts to prevent drug related harm at festivals. It is difficult to design studies assessing the impact of interventions on individuals that do not want to be identified.
- It is important to note that when assessing an intervention; the absence of evidence for a beneficial effect is not the same as evidence of absence of effectiveness. This means that we cannot say we don't believe an intervention is useful or sensible just because we have not studied its impact on outcomes.
- Quantifiable physical harm related to drug use in these settings is relatively uncommon but can be severe; as has been seen with drug related deaths at festivals in recent years. Psychological and long-term physical harm, as well as harm related to behaviour and criminalisation is likely much more common, but it is extremely difficult to quantify this.

Recommendations and considerations

(See appendix for further details, evidence and references)

1. Continuing and refining good practice in Portsmouth -

- a) **Water provision** plays a vital role in preventing drug related dehydration and overheating. As per the Licensing Act 2003 free potable water is provided at all events in Portsmouth. This should clearly continue in the future. Efforts to ensure backup supplies are available and that there is obvious signposting to cold water supplies should continue; especially adjacent to welfare tents, stages playing electronic dance music and where dancing is likely. Consideration could be given to price caps on bottled water.
- b) **Harm reduction messages** are more likely to be favourably received by existing drug users than abstinence based health promotion messages. Information of this type is propagated at festivals currently and efforts should be maintained to maximise the proportion of attendees exposed. Consideration could be given to the mandatory viewing of materials at point of ticket sale or entry.
- c) **Drugs outreach workers** can fulfil various roles including the provision of harm reduction information and looking out for dangerously intoxicated users. Services such as this have been present at some local festivals including Mutiny 2018 and would be of benefit at all local festivals in the future.
- d) **Welfare tents** provide a safe space for vulnerable users suffering from the physical and psychological side effects of drugs. Welfare volunteers can help with information gathering and providing psychological support to distressed drug users. The continued provision of well-staffed and well-resourced welfare services should be ensured.
- e) **Medical services** at Portsmouth festivals are supplied by private event medical providers. There are a host of factors to take into account when determining the appropriate level of medical provision for events; some of which are listed on page 8. The SAG plays an important role in considering these factors and offering advice to event organisers as to whether their planned provision is adequate based on the risk assessment of the event. A recent memorandum from the Care Quality Commission raised concerns regarding the quality of care supplied by some private event medical providers. No concerns were raised specifically about Portsmouth festivals but this highlights the need for continued vigilance and scrutiny of providers by both event organisers and the SAG to ensure they are capable of supplying quality medical care.

2. Non-persecution messages may have a role to play, however there are practical problems implementing this.

Messages that reassure users that they will not be prosecuted in the event that they are seeking medical help for themselves or a friend who may have taken an illegal substance are an important way of reducing risk. However, it may not be possible to offer a complete assurance or amnesty from prosecution in the event of harm occurring as a result of drug sales, consumption or transfer. Any prosecution has to be deemed "in the public interest" to proceed, meaning that it is unlikely that individuals taking drugs or giving them to friends will be prosecuted if they seek medical attention promptly, and consideration of communications campaigns that promote this message should be given to future events.

3. Drug checking services should be considered at all festivals

Drug testing within festivals designed to test the content and purity of drugs, alongside delivery of harm reduction messaging, is a relatively new intervention in the UK. The Loop is a charity delivering this approach. Evidence from Europe where the use of this approach has been established for some time suggests that there are a number of beneficial outcomes:

- Surveys have demonstrated that people self-report that they will change their behaviour after engaging with testing, towards taking more appropriate harm reduction measures.
- Surveys and service data suggest that drug checking services can improve user safety by preventing the ingestion of dangerously strong or adulterated drugs.
- The provision of drug checking acts as an incentive for drug users to engage with professionals who can provide tailored harm reduction information that may reduce long term risky drug taking behaviour.
- Testing allows particularly dangerous batches of drugs to be identified so warnings can be propagated, which could prevent others from taking dangerous drugs and potentially influence the drug market.

Our understanding of the effectiveness of these measures is currently incomplete but growing. The number of English festivals utilising drug checking services provided by the Loop has been increasing since the first trials in 2016. Services at festivals and other settings have functioned in other countries since at least 1992. Randomised controlled trials represent the gold standard but they have not been performed to assess the benefits of these services and logistical considerations mean it is highly unlikely that such studies will take place in the foreseeable future. It is likely we will need to accept other forms of evidence to inform our approach.

It is feasible that some people who would not otherwise take drugs might do so in an environment where testing is available that they perceive to be safer. This has not been extensively studied, but a single study has shown this to be a fairly small proportion of potential users. Increased use by a relatively conscientious minority of users must be balanced against benefits to the wider drug taking population and potential reductions in overall drug use.

There is a potential issue around the legality of drug testing, where the drugs being tested for are illegal. The issue of drug checking services was debated in parliament on the 6th April 2018. During the debate the Minister of State Nick Hurd specified that whether they are provided is a local operating decision and that the government would not stand in the way if the decision was made to provide them. Additionally, he highlighted previous cooperation between drug checking services and the Chief Constable of Hampshire; Boomtown in Winchester was one of the first English festivals the Loop operated at. The Chief Constables of Cumbria and Avon and Somerset forces have stated their desire to cooperate.

Based on the risk assessment undertaken by the PSAG informing the likelihood of drugs being present at an event, the recommendation is that drug testing should be offered at any event where drug use is likely to be significant. It is also important that where testing is offered, cooperation with studies of the effectiveness of this as an intervention should be encouraged.

N.B. Addendum to report added 11th June 2019

In February 2019 the Home Office issued a license for a publicly accessible drug checking clinic. It is not clear what this means for drug checking services at festivals in the future and whether a license will be required. Despite publicity to the contrary, drug checking services did not feature at South Central festival in Portsmouth in May 2019.

4. Considerations around the unclear evidence for efforts to confiscate drugs

Portsmouth festivals, like all festivals in the UK, have security services, searching protocols and drug detection dogs that attempt to prevent drugs entering events. This is in keeping with their obligations as per the Licensing Act 2003 to prevent criminal activities on site. The literature search undertaken did not uncover any research evidence of the effectiveness or otherwise of these measures in reducing harm at festivals. There was limited evidence that drug dealers were caught as a result of these measures, or that individuals intending to take drugs were deterred from entering events with drugs.

A heavy presence can lead to unintended consequences such as people pre-dosing with drugs before entering, possibly at levels far higher than they would normally consume. There is also a risk that people take their supply in panic on seeing the measures, which could also have harmful effects. These potential harms are extremely difficult to quantify, but should be considered when designing information for those attending and for the design of entry screening.

Police and security efforts are best focussed on dealers rather than recreational users. There is a risk that dealers will seek to offload supplies that they may not know the purity of at large scale events, because this will not impact on their repeat customers. Such dealing is likely to take place in proximity to events. Policing efforts may be best focussed on footprints surrounding events as well as within the event footprint. This was not considered as part of the literature search, but was raised in discussions.

Appendix - Further information, evidence and references

1. Continuing and refining good practice in Portsmouth

a. Water provision

Description / role	<p>Ecstasy/MDMA and other drugs such as cathinones (mephedrone, N-ethyl pentylone, etc.) increase the user's core temperature. This is compounded by hot days and dancing. Increased water intake is necessary for hydration and cooling. The 2003 Licensing Act states it is necessary that "free potable water is provided on request to customers". Beyond that, cold water should be <i>easily</i> available without barriers or need to make request of it and its consumption encouraged. The dangers of over-consumption of water should also be highlighted as in some instances this can lead to over-hydration and low blood sodium, which may be fatal. Harm reduction organisations advise MDMA users drink about 500ml of water an hour.</p> <p>Ways of encouraging water intake currently undertaken to be continued:</p> <ul style="list-style-type: none"> • Ensuring water supply points are widely available and easily accessible. • Bottled water distributed by the welfare team. • Health promotion materials highlighting the importance of proper hydration; especially when using drugs. <p>Future options:</p> <ul style="list-style-type: none"> • Free bottled water, or bottled water price cap. • Bottled water distributed by the outreach team.
Evidence	<p>Clear understanding of the effect of MDMA on temperature and importance of hydration.</p> <ul style="list-style-type: none"> • Review - Kiyatkin and Ren (2014) explore the evidence for MDMA and temperature increases - they also highlight the dangers of over-hydration, which can lead to low blood sodium and death. • Case study - Nadesan et al. (2017) described the death of three festivalgoers from heatstroke following the ingestion of MDMA at a festival in Malaysia.
Logistical considerations	<ul style="list-style-type: none"> • Water points should be clearly signposted, supplies should be cold, and there is the need for a back-up supply in case of interruption of supply. • Supply is particularly important adjacent to areas where dancing is likely, tents playing electronic dance music and the welfare and medical tents.
Recommended by	<p><i>Safer Dancing</i> (Newcombe, Manchester City Council, 1995) <i>Safer Clubbing</i> (Home Office and London Drug Policy Forum, 2002) <i>Safer Nightlife</i> (Home Office and London Drug Policy Forum, 2008) <i>Managing Drug Use at Your Event</i> (Dance Safe, 2015) Greco (2017) and Weir (2000) recommend MDMA users drink 500ml of water an hour if dancing.</p>

b. Harm reduction / non-persecutory messaging

Description / role	<p>The harm reduction paradigm identifies that despite our best efforts, some people are always going to take drugs. Although this is never going to be safe, there is information that can be provided to make it safer. For example; the importance of drinking water, warnings about overheating, which drugs should never be mixed, the strength of pills in circulation and the risk of blood borne viruses from sharing snorting paraphernalia. Potentially, some individuals might avoid seeking help if unwell for fear of punitive measures so efforts can be made to reiterate that safety is the primary concern and that they will be looked after by the various</p>
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	services on site.
Evidence	<p>Minimal - however would be logistically difficult to gather.</p> <ul style="list-style-type: none"> • Survey - Abstinence based education focussing on the risk of drugs may be ineffective on existing drug users. 73% of surveyed ecstasy users were aware that ecstasy use came with at least some risk but used it regardless (Gamma et al., 2005). • Surveys - Authors working with recreational users suggest that they are more amenable to harm reduction advice than advice to abstain and interviewees readily asked for harm reduction information (Benschop et al., 2002; Deehan and Saville - Home Office Research, 2003). • Case study - there were 2 deaths and 20 requiring hospital care due to drug use at a 2013 New York festival. The next year various measures were instituted - including the mandatory viewing of harm reduction information before entering and one outreach worker per 500 attendees. In 2014 there was a 50% reduction in the number of people requiring hospital care for issues related to drug use. There was still one death related to methamphetamine use a few hours following the festival (Ridpath et al., 2014).
Logistical considerations	<p>Information can be delivered in various mediums including:</p> <ul style="list-style-type: none"> • Messages on screens between acts - videos / audio messages may draw more attention. • Leaflets. • Posters - especially in areas that people might use drugs such as toilets and secluded areas. • The mandatory viewing of information on point of entry or ticket sale. <p>There is work to be done on how to maximise the impact of messaging:</p> <ul style="list-style-type: none"> • Welfare volunteers who were interviewed thought that messages highlighting the health risks of drugs were ineffective for many users. Instead they suggested focussing on other factors like users' behaviour and the maximisation of enjoyment. • Service users of the Loop seemed to respond well to scientific explanations of how drugs work. • Involvement of stakeholders in the artistic industries could be beneficial.
Examples of practice	<ul style="list-style-type: none"> • Currently instituted on some level in many festivals and settings (e.g. dab and wait, start low go slow). • Harm reduction education forms the mainstay of the interventions delivered by the Loop. • Various other NGOs deliver harm reduction information; e.g. crew, drugsand.me.
Recommended by	<p><i>Safer Dancing</i> (Newcombe, Manchester City Council, 1995) <i>Safer Clubbing</i> (Home Office and London Drug Policy Forum, 2002) <i>Safer Nightlife</i> (Home Office and London Drug Policy Forum, 2008) <i>Managing Drug Use at Your Event</i> (Dance Safe, 2015)</p>

c. Outreach workers

Description / role	<p>Outreach workers circulating amongst the crowd and/or stationed in a drugs information tent can fulfil various roles:</p> <ol style="list-style-type: none"> 1. Circulating workers can identify and provide assistance to dangerously intoxicated revellers.
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	<ol style="list-style-type: none"> 2. Providing information about services within the festival (targets less safety conscious users who might not seek out services such as drugs testing) and outside (if individuals are identified with problematic drug use requiring formal drugs services). 3. Providing drug harm reduction advice - verbally and providing literature. 4. Gathering information about the level of drug use of festivalgoers.
Evidence	<p>Minimal - however would be logistically difficult to gather.</p> <ul style="list-style-type: none"> • Case study - After outreach workers and the mandatory viewing of harm reduction information were introduced in a New York festival there were reductions in drug related hospital episodes and drug related deaths - see harm reduction / non-persecutory messaging section (Ridpath et al., 2014).
Logistical considerations	<ul style="list-style-type: none"> • The level of benefit is likely related to the number of workers. The <i>Safer Dancing</i> guidelines recommend one worker for every 500-1000 customers at an event. • Potentially services could be commissioned from existing local drugs services provided they had workers with expertise around the use of club/festival drugs. Alternatively, existing harm reduction organisations such as the Loop may be able to provide the service. • A dedicated local outreach service would be beneficial to cover festivals and night clubs. • There is a potential role for volunteers with the requisite knowledge and qualifications in return for festival tickets - this is how most welfare organisations / the Loop function. • Peer-to-peer advice from individuals with lived experience may be better received - (Carvalho et al., 2014; Dilkes-Frayne, 2016; Ruane, 2015; Ruane, 2018).
Examples of practice	<ul style="list-style-type: none"> • Mutiny - 2018 - Motiv8 provided an outreach service. • Southampton - Safe in Sound - Dedicated outreach service founded in 1997 that provided harm reduction information at events. It stopped functioning due to lack of funding in 2007. • Sheffield - 2018 Tramlines festival trial - team of 10 outreach drugs workers provided 346 interventions ranging from low level (distributing water) to extended harm reduction interventions for self-disclosed drug users. On average cost £5.10 per intervention. Positive evaluation by Sheffield Public Health team; recommended for future festivals. • Scotland - Crew outreach service - Provide outreach in festivals and other settings.
Recommended by	<p><i>Safer Dancing</i> (Newcombe, Manchester City Council, 1995) <i>Safer Clubbing</i> (Home Office and London Drug Policy Forum, 2002) <i>Safer Nightlife</i> (Home Office and London Drug Policy Forum, 2008)</p>

d. Welfare services

Description / role	<p>Many welfare services are in operation staffed mostly by volunteers. Their role includes general services, for example caring for lost children, but some aspects are particularly valuable for drug users.</p> <ol style="list-style-type: none"> 1. Providing a safe space for vulnerable drug users to overcome physical or psychological side effects of drug use; can improve user safety and reduce the strain on medical services. 2. Providing emotional and psychological support for those suffering psychological crises related to drug use; can improve user safety, reduce the strain on medical services and potentially help to mitigate longer term psychological trauma. 3. Providing drinking water.
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	<ol style="list-style-type: none"> 4. Providing harm reduction information. 5. Gathering information on the drug use of attendees and liaising with the medical team. 6. Providing sexual health information and condoms. Drug users may be more likely to undertake risky sexual behaviour; 81.7% of American MDMA users reported increased sexual outgoingness when taking the drug (Palamar et al., 2018).
Evidence	<p>Minimal - however would be logistically difficult to gather.</p> <ul style="list-style-type: none"> • Observational study - Carvalho et al. (2014) demonstrated statistically significant improvements in the symptoms of those having psychological crises following interventions by the Portuguese organisation Kosmicare - although it is uncertain whether this was because of the interventions. • Qualitative studies - describe the role of 'sitters' in helping users overcome psychological crises (Ruane, 2018).
Logistical considerations	<ul style="list-style-type: none"> • The approaches of welfare organisations differ. Some are more specialised to deal with issues related to drug use. • Peer-to-peer advice and welfare from individuals with lived experience may be better received - (Carvalho et al., 2014; Dilkes-Frayne, 2016; Ruane, 2015; Ruane, 2018).
Examples of practice	<p>Victorious festival 2018 - TTK welfare (https://www.ttkwelfare.net/), smaller psychedelic festivals - PsyCare (https://www.psycareuk.org/), Manchester Warehouse Project - the Loop (https://wearetheloop.org/interventions/).</p> <p>The Samaritans festival branch do not provide a full welfare service but are a complementary volunteer run service that can provide support for those in emotional distress, some cases of which may be related to drug use (https://www.samaritans.org/branches/festival-branch-0).</p>
Recommended by	<i>Managing Drug Use at Your Event</i> (Dance Safe, 2015)

e. Medical provision

Medical and social care providers in England are regulated by the Care Quality Commission (CQC), however private event medical providers do not operate under their jurisdiction. In December 2018, the CQC circulated a letter detailing various concerns with event medical care following a series of incidents. Concerns included:

- Providers demonstrating a lack of knowledge of local health systems and not pre-alerting local hospitals to patients requiring escalation.
- Proper checks not being carried out on employees.
- The unsafe storage and administration of drugs.
- Inappropriate treatment being given with resultant harm to service users.

The CQC drew attention to the Event Industry Forum's Purple Guide (www.thepurpleguide.co.uk). This includes guidance on the provision of medical care not only for event organisers and medical providers but also for SAGs to ensure that planning is being undertaken with due diligence. It does not give definitive guidance on necessary levels of care at events; various factors need to be considered, including the demographics of attendees and genres of music being played.

The matter was discussed with two A&E consultants, one of whom is the director of an event medical provider. Various pertinent considerations were highlighted, which are listed below.

There was a lack of consensus on some issues. Clearly, determining what is an appropriate level of cover is complex; future discussions could benefit from the input of an independent senior clinician.

Factor	Considerations
Proximity to local hospital	Less medical cover may be acceptable if the festival is nearer to a hospital, however this could increase the strain on local services. The Purple Guide states that event organisers should minimise the impact of their event on local medical services.
Treat on site or expedite transfer?	The level of care that should be provided on site is debateable. More advanced procedures and medications could be beneficial if used appropriately but require more senior practitioners and more expensive equipment. Ideally, endotracheal intubation would be possible on site for patients having seizures if rapid transfer was not possible.
Doctor or paramedic led?	Doctor led services may decrease the impact on local services as more patients are triaged and dealt with on site. More senior clinicians would be better at recognising the symptoms of drug related issues. Paramedics are trained in intubation but may not be confident performing the procedure.
Staff training and accreditation	Including advanced life support qualifications.
Therapeutic drugs on site	For example, medications to stop seizures and specific drugs for rapid sequence induction and intubation. Cyproheptadine is used for MDMA induced serotonin syndrome and dantrolene is sometimes used for MDMA induced hyperpyrexia but both are expensive and normally used in a hospital setting.
Equipment on site	For example, access to ice and cooling vests for MDMA induced hyperpyrexia and equipment for intubation.
Psychiatric provision	Various drugs can cause psychological problems, for example N-ethyl pentylone, which can be sold as MDMA can lead to insomnia and psychosis. The welfare team can provide basic support; larger festivals such as Glastonbury have psychiatric workers on site.
Ambulances and patient transport	For transport to local services and within the event footprint.

3. Drug checking services should be considered at all festivals

Description / role	<p>The Loop utilise a range of processes including infrared spectroscopy to identify the constituents and strength of drugs. Services can be provided front of house (direct contact with drug users, results of the tests given alongside harm reduction advice), or back of house (drugs that have been confiscated or deposited in amnesty bins are tested to allow warnings to be propagated about particularly dangerous batches of drugs). Proposed benefits:</p> <ol style="list-style-type: none"> 1. Maximising the safety of drug users by preventing the consumption of particularly hazardous drugs (front of house only). 2. The opportunity to deliver harm reduction information to a hard to reach group (front of house only). 3. Gives the opportunity to propagate warnings when adulterated or high strength drugs are identified. 4. Allows monitoring of the drugs market.
Evidence of benefits	Moderate - logistically difficult to perform controlled trial.

During a 2016 pilot the Loop found that one in five substances tested were not what they were sold as (Measham, 2018). Drug users cannot reliably tell the difference between drugs; hair testing demonstrated that four out of ten self-reported ecstasy users in America had previously taken a cathinone despite denying having done so; presumably because the cathinone was sold in lieu of MDMA (Palamar et al., 2016).

Maximising user safety

- Service data - One in five people testing drugs during a 2016 pilot at Secret Garden Party in the UK submitted their drugs for destruction following testing. A further one in six said they would moderate their behaviour. The year the pilot was introduced there was a 95% reduction in drug-related hospital admissions at the festival compared to the previous year. It is not clear how much of this reduction was due to the introduction of drug checking (Measham, 2018).
- Service data - Only 4% of a Canadian testing service's users submitted their drugs for destruction, but this increased to 36% if the result was 'unknown' (Sage, 2015).
- Service data - 18-74% of drug users who used testing services in three countries said they would not take their drug after receiving their test results (Saleemi et al., 2017; KnowYourStuffNZ, 2018; STA-SAFE consortium, 2018).
- Service data - 50% of service users in Austria said their behaviour was influenced by testing services (Kriener and Schmidt, 2002).
- Service data - 90% of Australian service users said they knew others using the same batch who they would share information with (STA-SAFE consortium, 2018).
- Surveys - 30-85% of respondents to four hypothetical surveys reported they would not take a tested drug if the result was unexpected (depending on exact result) (Benschop et al., 2002; Day et al., 2018; Johnston et al., 2006, RSPH, 2017).
- Anecdotal - The organisers of Boomtown reported reductions in medical issues related to drug use following the introduction of drug checking (Bushby, 2018).
- Anecdotal - An event organiser interviewed also suggested there had been reductions in medical issues related to drug use at his events following the introduction of drug checking.

Delivering harm reduction information and promoting behaviour change in a hard to reach group

- Service data - Less than one in five of those using drug testing services in Europe would otherwise have been seen by a drugs service (Benschop et al., 2002).
- Surveys - Most drug users rely on their peers for information, which may be erroneous (Benschop et al., 2002; NUS, 2018). Drug checking services are seen as a credible alternative source of information (Benschop et al., 2002). 23.2% of service users responding to the Global Drugs Survey shared information received from drug checking services with friends (GDS, 2018).
- Service data - Those that use drug testing services have been shown to know more about the risks of MDMA and unsafe doses (uncertain if this was a result of drug testing or if they were using testing services because they had greater level of knowledge initially) (Benschop et al., 2002). Riskier drug taking behaviours (more frequent and poly-drug use) decreased over time in those using testing services in Switzerland (uncertain if this was a result of drug testing) (Hungerbuehler et al., 2011).

Benefits of warnings - influencing the market

- Service data - After warnings were publicised about dangerous batches of drugs in the Netherlands no more samples from those batches were received suggesting they were no longer in circulation (Spruit, 2001).

<p>Evidence related to concerns</p>	<p>Does front of house drug checking encourage drug use?</p> <ul style="list-style-type: none"> • Survey - Across three countries, of the 225 individuals surveyed who were using testing services 8.8% had not tried ecstasy before. 60.6% of these said they would be taking ecstasy even if there was no testing service. This means 8 out of 225 service users might not have taken ecstasy if the service was not present. On the other hand 27.9% of non-ecstasy users said they would not take pills because testing often reveals dangerous substances. (Benschop et al., 2002). • Survey - 19% of American survey respondents said they would be more likely to try ecstasy if they were "sure of what [they were] ingesting and knew that an organization of knowledgeable volunteers was present". This figure should be interpreted with caution given the wording of the question, and it does not take account of the influence of a harm reduction intervention delivered alongside the results of testing (Dundes, 2003). • Surveys - Contrary to this suggestion; the level of drug use in the UK is higher than most European countries where drug checking services have been utilised for many years (EMCDDA, 2017). <p>The potential risk of additional use by a relatively conscientious sub-group (who are only taking drugs with careful preparation) must be balanced against the benefits to the wider drug taking population. This risk can potentially be mitigated with the framing of results and co-delivery of harm reduction information.</p> <p>Could drug dealers use the service to promote drug quality?</p> <p>This is possible; however, although it is unpalatable from a criminal justice perspective it is perhaps not detrimental to user safety as people are made more accurately aware of the strength of their drug. Regardless, it is likely that dealers would make claims about the strength of their drugs without testing, or overestimate it; a study demonstrated that the strength pills were purported to be online was greater than that confirmed by testing (Vrolijk, 2016).</p>
<p>Logistical considerations</p>	<ul style="list-style-type: none"> • It is difficult to define clear criteria for events that should definitely have drug checking services. Unless they have a specific focus that is associated with not taking drugs; for example classical music, larger festivals would likely have a significant number of drug taking individuals in attendance warranting its provision. • There may be a perceived stigma for event organisers about having drug testing services at their event. This could be combated by adopting the attitude that it is 'opt-out' - with clear reasons, rather than 'opt-in'. • Those who are forthcoming in their attempts to access testing services are more likely to already be aware of some harm reduction measures. Outreach services promoting and directing users to the service could help draw in the subgroup with higher need. • A local service would be beneficial to provide drug checking at festivals and other settings (student / clubbing areas). • Drug checking services are relatively new and as such their role and working relationships with other agencies are still being defined. Other agencies at an English festival outside of Hampshire visited during research were reticent to propagate warnings of dangerous batches of drugs that had been identified by the Loop, presumably because of reputational concerns. And the medical team did not look favourably on advice received from drugs experts working with the Loop, which led to the sub-optimal care and psychological deterioration of drug users who had unwittingly taken N-ethyl pentylone. If drug checking was introduced locally prior efforts to specify working agreements and protocols for the publication of warnings would be of benefit.

<p>Legal considerations</p>	<p>The provision of drug checking services is a new area for UK law and clearly there are legal concerns around the handling of controlled substances. The Misuse of Drugs Regulations 2001 gives some leeway for services of this type. Section 6(1e) states that persons may handle controlled substances if they are “engaged in the work of any laboratory to which the drug has been sent for forensic examination when acting in the course of his duty as a person so engaged”. Section 6 (1f) states that other persons may if they are “engaged in conveying the drug to a person who may lawfully have that drug in his possession”, which would include a laboratory worker as per section 6(1e). Additionally, if a legal clause was identified that was relevant to prosecute a drug testing organisation the Crown Prosecution Service would still have to be satisfied that prosecution was in the public interest; which seems unlikely when the intention is to reduce drug related harm.</p> <p>Nick Hurd has stated that the provision of drug checking services is a local operating decision and that the government will not stand in the way of their provision (House of Commons Debate, 6 July 2018, c677). Festivals in other parts of England, including Boomtown in Hampshire have provided drug checking since 2016 and WEDINOS has provided a mail based drug checking service since 2009. The author is not aware of legal challenges to either service.</p> <p>N.B. Addendum to report added 11th June 2019</p> <p>In February 2019 the Home Office issued a license for a publicly accessible drug checking clinic. It is not clear what this means for drug checking services at festivals in the future and whether a license will be required. Despite publicity to the contrary, drug checking services did not feature at South Central festival in Portsmouth in May 2019.</p>
<p>Examples of practice</p>	<ul style="list-style-type: none"> • The first drug checking service was established in the Netherlands in 1992. There are now drug checking organisations in the USA, Australia, Canada, New Zealand and various other European countries. Organisations utilise various service models and types of technology. • In the UK - the Loop provide mobile front and back of house testing in various festivals and town centres in England, and in Wales WEDINOS provide a mail order service.
<p>Recommended by</p>	<p>The 2009 Home Office Advisory Council on the Misuse of Drugs, the Royal Society of Public Health, ChangeGrowLive, Public Health Ontario and various academics (AMCD, 2009; ChangeGrowLive, 2018; Groves, 2018; King, 2015; Leece, 2017; RSPH, 2018).</p>

4. Considerations around the unclear evidence for efforts to confiscate drugs

Notwithstanding their other purposes, in relation to drug use there are two arguments for routine searching and the use of drug detection dogs:

i. Confiscating and preventing drugs from entering the site

Undoubtedly, many drugs are confiscated due to searching efforts, but it is likely many more still enter festival sites. On a large festival site with thousands of customers, vendors and other staff entering; many of whom have large bags and vehicles, there are limitations on the effectiveness of searching measures. A stakeholder involved in event planning described a large amount of condoms discarded in festival toilets thought to be used for smuggling drugs internally. Another stakeholder described how dog repellent spray can be used to avoid drug detection dogs.

It is highly likely that those with more experience smuggling drugs would be more successful in their attempts and successful drug dealers would have this requisite experience. Between 2002 and 2004 of 9400 searches performed by drug detection dogs in Sydney, Australia, 2587 led to the discovery of drugs. From these searches only 19 prosecutions resulted for the supply of drugs. An Ombudsman report concluded that detection dogs "do not significantly assist police in targeting drug suppliers" (Dunn and Degenhardt, 2009).

Infrequent users who have their drugs confiscated when entering events could seek out dealers within the event footprint. The drugs available would be from a new and untrusted source, may be stronger, contain unexpected adulterants and could have been smuggled into the event inside a body cavity with an associated risk of infection. From their pilot data the Loop reported that drugs were more than twice as likely to be mis-sold when purchased within the festival as compared to outside (Measham, 2018).

ii. **Deterring individuals from trying to enter with drugs**

Another Australian survey calls into question the efficacy of the deterrent effect of such measures. Of 647 drug users going to events where they expected to see drug detection dogs only 4% chose to not take drugs at the event, 7% chose to take smaller quantities with them and 11% purchased drugs inside the event. The others took measures to avoid the dogs, hide the drugs or simply 'hoped for the best' (Grigg et al., 2018). The measures may be more effective in deterring some dealers.

Unintended negative consequences

- Qualitative studies explore the potential negative effects of preventive measures. Users may pre-dose with large doses before an event to avoid taking drugs through security. They may choose to smuggle their drugs internally with a risk of the packet rupturing leading to overdose, the necessity of procedures to remove the drugs or the spread of infection. They may use other drugs believed to be less easily detected, which could be more dangerous. And they may panic upon seeing security and ingest high doses of drugs to dispose of them (Race, 2014; Ruane, 2015).
- The survey previously mentioned by Grigg et al. explored the magnitude of some of these issues. Of 614 drug users who expected to see dogs, 7% took their drugs before the event. Of 418 who carried their own drugs and expected to see dogs 10% concealed them in a body cavity and 1% swallowed them and retrieved them within the festival. Of those who had drugs on their person when they saw a dog 8% consumed some of them and 2% took all of them (Grigg et al., 2018).

The evidence in favour of or against measures such as these is not definitive. The evidence that is available does highlight that supply reduction measures can be a double edged sword, and accordingly should be used with caution.

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